

Public Hearing Testimony
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Hi, my name is Erin Havens. I live in Willimantic and work throughout eastern Connecticut. I am here today to support SB 1052: an act establishing a pilot program for transporting patients to health care appointments.

Up until 4 years ago, I did not have a car or a driver's license. I lived in the Windham and Mansfield area during this time. For those of you who do not know, this is a fairly rural area and there are not very many options for public transportation. The way I got from Point A to Point B was primarily by walking, biking or friends. When the distance was too far, I relied on the limited transportation that exists: Peter Pan Bus Lines and the regional transit district buses or shuttle. Using these, I could get around to a few towns: Willimantic, Mansfield, Norwich and Hartford. The main thing I needed to use these options was time since often the scheduled bus rides did not match when I needed them. Fortunately, I never needed to reach medical providers during this time. If I needed to, I would have been out of luck just like many people are today.

One of my friends goes to Farmington for weekly treatments that her health depends on. She does not drive and each time she goes, a family member must take the day off. That's around \$400 of lost income per month.

The reason she does not take public transportation is because it does not exist to get her from Willimantic to Farmington. If you want to get from Willimantic to Farmington, the earliest you can arrive in Farmington by bus is 4:08 p.m. From there, you would need to find some sort of shuttle from the bus depot to the Health Center. However, finding a shuttle would be pointless because if you want to get back from Farmington to Willimantic, you need to be back to the bus station by 4:45 p.m. That would leave you an insufficient amount of time of less than 30 minutes at the Health Center, not to mention the trip would cost at least \$25, which can be cost prohibitive for many.

Similar difficulties also exist to get from Danielson to Norwich. I know a man who lives at Birchwood Terrace in Danielson. He needed dialysis several times week. When he tried to find transportation, the only option he could find was a taxi. The taxi would cost \$500, an obviously unaffordable option. Fortunately, he was able to find a family member to bring him before work and pick him up on the way home. This meant he would need to spend the entire day at Backus Hospital, waiting both before and after dialysis, but would not be spending \$500.

The two examples I have given are of the lucky people. They have been able to find family members or friends who can help them. Yet there are numerous other people, especially in eastern Connecticut, who do not have family members who can take time off from work. We talk about the need for health care but we also need transportation so that people can access the care they need. This is why a pilot program in eastern CT is an option that needs pursuing.

When it comes to health care transportation, there are gaps, especially in eastern Connecticut.

- Existing “on demand” programs do not cover many individuals without transportation who are not seniors or ADA compliant.
- Existing programs need more pick ups to connect with target populations and drop offs to connect with health care appointments.
- Few options exist to reach in-area providers such as health centers and reaching out-of-area providers such as the UCONN Health Center is also difficult.
- Rural residents face an added disadvantage with the lack of transportation infrastructure.
- Timeliness of transportation often means people do not take appointments because of time constraints based on employment or childcare.

A pilot program for transportation to health care appointments could take many forms to begin addressing these problems.

- Fixed route programs like those through WRTD, NE Region Transit District and the SEAT program could improve access by targeting pick up and drop off points that connect target populations with in area providers or connector services.
- A rural connector service from areas like Killingly, Putnam, Norwich, Willimantic and Willington could be created so that rural residents can reach specialty providers and/or medical treatments at Backus Hospital, Hartford Hospital, the UCONN Health Center and similar locations.
- Creation of a regional ride management system could allow area agencies to coordinate rides. Pairing this with a ride match program, on demand services or

a volunteer based transportation program could yield efficient and cost effective provision of transportation to health care appointments.

Ideally, a pilot program can be developed that maximizes usage of the services that currently exist and complements them with a system that fills the gaps so that health care appointments can be accessed by the people living in eastern Connecticut who do not have access to personal or public transportation. There is great framing for an effective and efficient pilot program in Connecticut. I hope that this process will be undertaken and we look towards existing programs throughout Connecticut, an analysis of best practices for rural transportation conducted by the Transit Cooperative Research Program and the ITN America Model to frame the pilot program.